

Appendix E: Participant Direction of Services (4154)

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E-1: Overview (1 of 13)

Yes. This waiver provides participant direction opportunities.

No. Independence Plus designation is not requested.

- a. **Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

(a) The nature of the opportunities afforded to participants:

The Division of Developmental Disabilities embraces a self-directed philosophy, designed to provide choice when determining the services and supports that are needed to maximize the independence of the person with an intellectual or other developmental disabilities. The service coordinator (SC) is involved in supporting participant-direction. The SC supports participant-direction by meeting with the individual and family to facilitate discussion of the individual's budget, the participant-directed services available to the participant, and the rights and responsibilities associated with choosing participant-directed services. The SC may assist in locating independent providers and facilitate interviewing the perspective providers and may assist in setting up referral meetings with certified DD provider agencies. The SC facilitates and documents the service plan meeting.

Opportunities for participant direction are available to participants that choose select DD services. These services are services directed by the participant or legal representative or when the participant has selected an advocate, who may be a family member or trusted friend (this category will be known as "advocate" for the purposes of this section). Participant-directed services are intended to give the participant more control over the type of services received as well as control of the providers of those services. The underlying philosophy of offering participant-directed services is to build upon the individual and family strengths and to strengthen and support informal and formal services already in place.

(b) How participants may take advantage of these opportunities

Persons eligible for waiver services participate in the development of their service plan prior to the initiation of services and annually, or more frequently as needed, thereafter. The purpose of the annual service plan meeting is to determine waiver and non-waiver services, interventions, strategies, and supports to be provided to assist the participant to achieve their future plan, or personal goals. The purpose of semi-annual service plan meeting is to review the implementation of the annual service plan, to document the participant's future plans and personal goals, to explore how the team can assist the participant to achieve those goals, to determine what information is needed to develop

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appropriate supports to assist the participant to achieve future plans, to assign responsibility for gathering information if needed, and to review any other issues that affect the participant's and/or family's life. The participant receiving services and/or legal representative/involved family/advocate, or any other team member of the interdisciplinary team, may request a team meeting at any time between the annual and semi-annual meetings to update the service plan when circumstances and/or needs change. Should any of the participant's services be participant directed, and an advocate is assigned, then the advocate shall be invited to all planning meetings.

The participant has the right and responsibility to participate to the greatest extent possible in the development and implementation of their service plan. This person-centered service plan is individually tailored to address the unique preferences and needs of the person. Membership in the planning process is determined by the participant or their legal representative/advocate, if applicable, but must at least include the participant/involved family, the service coordinator, the legal representative/advocate, if there is one, and DD provider. The participant may take responsibility or direct their SC to be responsible for scheduling, coordinating and chairing all service plan meetings. The SC assists the participant or directly facilitates the participation of all team members. The service plan must identify the needs and preferences of the individual and specify how those needs will be addressed. This must include identification of services and supports to be provided as well as other non-DDD funded resources.

Participants and/or their legal representative/advocate have the right and responsibility to select potential providers. The participant and/or their legal representative/advocate identifies a potential provider and screens the provider to determine capability for delivery of services, based on the participant's needs and preferences, and the potential provider's experience, knowledge, and training, and the participant and/or their legal representative/advocate describes to the provider the supports to be delivered.

(c) The entities that support individuals who direct their services and the supports that they provide.

At any time, the participant or their legal representative/advocate can request assistance from their SC. The SC may complete the above steps, as directed by the participant and/or legal representative/advocate.

Once the provider is enrolled and prior authorized for delivery of services, the participant and/or legal representative/advocate directs the provider by setting the schedule and determining how the services will be delivered, and, based on the service plan, the type and amount of service.

The participant and/or their legal representative/advocate also has the authority to terminate the provider, by directing DHHS staff to end the authorization for the delivery of services. DHHS has the option to retain the contract to allow other individuals to utilize the enrolled provider.

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The IRS has approved DHHS to be appointed the Fiscal/Employer agent as a means to ensure all requisite IRS rules are being followed. DHHS provides the following services in this capacity: (a) manage and direct the disbursement of funds contained in the participant-directed budget; (b) facilitate the employment of staff by the family or participant, by performing as the participant's agent such employer responsibilities as processing payroll, withholding Federal, state, and local tax and making tax payments to appropriate tax authorities; and, (c) performing fiscal accounting and making expenditure reports to the participant and/or legal representative/advocate and state authorities. As a state entity, DHHS is not required to file individual forms 2678 with the IRS. Instead, DHHS devised a substitute form 2678 (referred to as DHHS form FA-65) which DHHS entitled "Appointment of DHHS as Agent for State and Federal Employment Taxes and Other Withholding Taxes for In-Home Service." It is broader than the IRS form because it also allows DHHS to handle state employment taxes. This form is maintained by the service coordinator and kept in the participant's electronic file maintained by DDD. Information regarding IRS related responsibilities is explained verbally and in writing to the participant and provider. Under federal law, DHHS and the participant/Common Law Employer are jointly liable for employer taxes; however, neither entity is required to withhold income taxes.

- b. **Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one:*

Participant: Employer Authority. As specified in *Appendix E-2, Item a*, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.

Participant: Budget Authority. As specified in *Appendix E-2, Item b*, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.

X Both Authorities. The waiver provides for both participant direction opportunities as specified in *Appendix E-2*. Supports and protections are available for participants who exercise these authorities.

- c. **Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

☒ Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.

☒ Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.

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☐The participant direction opportunities are available to persons in the following other living arrangements.

Specify these living arrangements:

- d. **Election of Participant Direction.** Election of participant direction is subject to the following policy (select one):

☒The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.

Additional criteria that excludes participant-direction:

1) Person chooses services that are controlled and operated by the DD provider.

- e. **Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

- (a) The information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction.

Information about participant-direction opportunities is available to participants who are currently receiving DD services as well as to any individual entering DD services. Information is provided verbally and in written materials by the SC or designated DDD staff, and is provided to the individual and guardian, if applicable, prior to entrance to the waiver and prior to the annual service plan development meeting to allow sufficient time for the participant to weigh the pros and cons of participant-direction and obtain additional information as necessary. Information about participant-direction opportunities is available in a Services Handbook, an informational pamphlet, the DHHS website, and other public communications, such as information from Nebraska Department of Education about post-high school opportunities and information developed through the Nebraska DD Council.

The DHHS DDD public website also includes information about the Division's responsibilities, service coordination, services funded by DHHS and DDD, certified DD provider agencies, and non-certified independent providers as well as links to other resources for individuals and families.

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The Services Handbook is utilized as a training tool and post-training reference guide for participants and their support system. The handbook includes a description of its purpose, an overview of services, and tips for determining the appropriateness of participant-directed services and supports, developing a plan, and putting the plan into action. The handbook also includes tips for finding the right provider, provider and service standards, participant liability, preparing for an emergency, and additional resources. Billing and authorization guidelines for providers and how to fill out and submit a claim are also included in the Services Handbook.

(b) The entity or entities responsible for furnishing this information

The SC and other designated DD staff provide the participant, and/or the family or legal representative, if applicable, information about, or web addresses or links to, local community services and supports, service coordination, services funded by DHHS and DDD, currently certified DD provider agencies, and non-certified independent non-specialized providers.

(c) How and when this information is provided on a timely basis.

The provision of written information about participant-directed services and supports is an integral component of the development of the service plan. The participant's SC provides verbal and written information about participant-directed services and supports to participants and guardians/families at entry into waiver services, annually thereafter, and as requested. The written information includes all information posted on the DDD website, for those who prefer written materials or do not have access to the internet.

f. **Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative (select one):

The State provides for the direction of waiver services by representatives.

Specify the representatives who may direct waiver services: *(check each that applies)*:

☒ Waiver services may be directed by a legal representative of the participant.

☒ Waiver services may be directed by a non-legal representative (referred to as an "advocate") freely chosen by an adult participant.

Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

Appointment of an advocate is a voluntary appointment, and the representative is appointed by the participant only in the event that the participant does not have a legal representative. The responsibilities and extent of decision making authority exercised by

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the advocate is determined by the participant and their team and documented in the service plan. The advocate must be 19 years of age or older and can be a family member or trusted friend of the participant. The advocate provides assistance to the participant/Common Law Employer and works with the participant to make sure they are fulfilling their wishes and needs as desired, though they do not assume legal responsibility for the Common-Law employer's tax duties. Individuals interested in becoming an advocate are screened by the ISP team to ensure that they demonstrate a strong commitment to the participant's wellbeing and are interested in and able to carry out program responsibilities and to comply with program requirements.

Service coordination provides monitoring to ensure that the legal representative/advocate functions in the best interest of the participant as part of monitoring the service plan. The SC evaluates the ability of the legal representative/ advocate to represent the best interests of the participant, which includes ascertaining and acting in accordance with their preferences—unless they are impractical. If legal representatives/advocates serve their own interests rather than those of participants, the SC may make a report to protective services or contact legal advocacy organizations by phone or e-mail to advise that a change in legal representation/advocacy should be considered. In egregious cases, the state may require a change of legal representative/advocate or, if no other can be identified, require a transfer to traditional services.

The legal representative/advocate is prohibited from providing authorized waiver services to the participant and receiving reimbursement under the waiver.

- g. **Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.

Waiver Service	Employer Authority	Budget Authority
Assistive Technology	X	X
Habilitative Community Inclusion	X	X
Homemaker	X	X
In-Home Residential Habilitation	X	X
Prevocational Services	X	X
Respite	X	X
Supported Employment – Follow Along	X	X
Supported Employment Services - Individual	X	X
Transitional Services	X	X
Transportation	X	X
Home Modifications	X	X
Adult Companion Service	X	X
Consultative Assessment Services	X	X

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- h. **Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

☒ Yes. Financial Management Services are furnished through a third party entity.
(Complete item E-1-i).

Specify whether governmental and/or private entities furnish these services. *Check each that applies:*

- ☒ Governmental entities
☐ Private entities

☐ No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used. (Do not complete item E-1-i).

- i. **Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

☒ FMS are provided as an administrative activity.

Provide the following information

i. Types of Entities: Specify the types of entities that furnish FMS and the method of procuring these services:

The state provides Government Fiscal/Employer Agent financial management services directly as an administrative activity.

ii. Payment for FMS. Specify how FMS entities are compensated for the administrative activities that they perform:

The state has an approved cost allocation plan that includes administrative claiming for activities performed as the FMS. Medicaid and Long Term Care, a Division within the Medicaid Agency, is the Government Fiscal Employer Agent and claims FFP for the administrative activities performed as the FMS.

iii. Scope of FMS. Specify the scope of the supports that FMS entities provide (*check each that applies*):

Supports furnished when the participant is the employer of direct support workers:

- ☐ Assist participant in verifying support worker citizenship status

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- ☒ Collect and process timesheets of support workers
- ☒ Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance
- ☐ Other

Supports furnished when the participant exercises budget authority:

- ☐ Maintain a separate account for each participant's participant-directed budget
- ☒ Track and report participant funds, disbursements and the balance of participant funds
- ☐ Process and pay invoices for goods and services approved in the service plan
- ☒ Provide participant with periodic reports of expenditures and the status of the participant-directed budget
- ☐ Other services and supports

Additional functions/activities:

- ☒ Execute and hold Medicaid provider agreements as authorized under a written agreement with the Medicaid agency
- ☒ Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency
- ☒ Provide other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget
- ☐ Other

iv. **Oversight of FMS Entities.** Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.

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Administrative Services (AS) State Accounting is responsible for systematically reviewing on a regular basis activities of state agencies and departments to determine that adequate internal controls exist within all Departments, including DHHS, to assure that proper accounting methods are employed, per Nebraska Revised Statutes Section 81-111(4). State Accounting approves a required internal control plan for financial reporting that is implemented, tested and monitored by DHHS, which includes pre-audit functions. DHHS has an Internal Audit Division to perform internal audits along with assisting DHHS staff in the event of a State or Federal audit.

- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

Case Management Activity. Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:

All DD SCs are qualified to provide participant-direction guidance. In addition to the basic service coordinator training, DD SCs receive training on the self-directed services that are available, such as the types/definitions of services; limits on the amount, frequency, or duration; authorization codes and rates; billing guidelines; budget projecting; and the referral process for enrollment of independent non-specialized providers. The SCs also receive the Services Handbook as a training tool.

In addition to the basic service coordination duties performed by DDD service coordinators, the DDD SCs provide technical assistance to those who self-direct the waiver services listed in E-1-g. The SC will review the Services Handbook with the participant and their representative, if applicable, to assist the participant in understanding their responsibilities in hiring, training, screening claims, and dismissing a provider, as well as assisting the individual to recognize potential abuse and neglect situations.

The SCs will provide the amount of funding available to the participant and develop the monthly budget with the participant and representative. When determining the rate for an independent provider, the SC and participant and/or representative develop the budget together. The participant is informed of their annual funding allocation and the range of rates to be considered, based on the potential provider's experience and training, and the participant's needs and tasks that the potential provider will perform.

If the participant has not chosen their provider(s), the SC may provide a list of currently enrolled independent providers for the participant to select from, and interview the

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potential provider with the waiver participant if the participant requests assistance. The SC follows through with DHHS staff responsible for provider enrollment to ensure that the provider is enrolled and authorized to provide the selected services to the participant.

If requested, the SC will assist the participant in communicating their expectations to the independent provider of what and how the services will be delivered as well as address any performance issues that may arise.

k. **Independent Advocacy** (*select one*).

No. Arrangements have not been made for independent advocacy.

l. **Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

Nebraska's DD services are voluntary services for the participant as well as the provider. Each person's funding amount is based on an objective assessment process, and the funding follows the participant. Each participant or their legal guardian can choose the types of services and the providers to meet their needs and preferences. The authorization of funding for services to a particular provider or providers is mutually agreed upon, and either entity can end participation. All DD providers are waiver providers.

Nebraska offers provider-managed services under this waiver and another HCBS waiver for adults with developmental disabilities. The participant and their legal guardian may choose provider-managed services that may better meet their health and safety needs. The provider-managed waiver services are delivered by certified DD provider agencies and the team process is utilized in assisting the individual or legal representative in choosing waiver services and providers that may better meet their needs. Participants can receive other waiver services without a gap in the provision of services.

m. **Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

State regulations allow the state to deny or end funding of specific services when:

1. A participant's needs are not being met through waiver services or intensity of services and supports does not reflect the need for ICF level of care;
2. The participant or their legal representative has failed to cooperate with, or refused the services funded by DDD; or,
3. The participant's service plan has not been implemented.

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The decision to end funding may be based on service coordination monitoring, review of the service plan, critical incident reports, and assessment of risk to the participant and/or community, and complaint investigations conducted by the DHHS staff.

Nebraska offers provider-managed services under this waiver and another HCBS waiver for adults with developmental disabilities. The participant and/or their legal guardian may choose provider-managed services that may better meet their health and safety needs. The provider-managed waiver services are delivered by certified DD provider agencies and the team process is utilized in assisting the participant and/or legal representative in choosing waiver services and providers that may better meet their needs. Participants will receive other waiver services without a gap in the provision of services.

- n. **Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1	<input type="text"/>	1205
Year 2	<input type="text"/>	1205
Year 3	<input type="text"/>	1205
Year 4	<input type="text"/>	1205
Year 5	<input type="text"/>	1205

E-2: Opportunities for Participant Direction (1 - 6)

- a. **Participant - Employer Authority** Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:

- i. **Participant Employer Status.** Specify the participant's employer status under the waiver. *Select one or both:*

☐ **Participant/Co-Employer.** The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions. Specify the types of agencies (a.k.a., agencies with choice) that serve as co-employers of participant-selected staff:

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☒ **Participant/Common Law Employer.** The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

- ii. **Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

X Recruit staff

☐ Refer staff to agency for hiring (co-employer)

X Select staff from worker registry

X Hire staff common law employer

☐ Verify staff qualifications

☐ Obtain criminal history and/or background investigation of staff

Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.

X Determine staff duties consistent with the service specifications in Appendix C-1/C-3.

X Determine staff wages and benefits subject to State limits

X Schedule staff

X Orient and instruct staff in duties

X Supervise staff

X Evaluate staff performance

Verify time worked by staff and approve time sheets

X Discharge staff (common law employer)

Discharge staff from providing services (co-employer)

Other Specify:

b. Participant - Budget Authority Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:

- i. **Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

ii.

X Determine the amount paid for services within the State's established limits

X Substitute approved service providers

X Schedule the provision of services

X Specify additional service provider qualifications consistent with the

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qualifications specified in Appendix C-1/C-3

X Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3

X Identify service providers and refer for provider enrollment

Specify: not applicable

b. Participant - Budget Authority

- iii. Participant-Directed Budget** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

The person-directed budget is outlined in the service plan which identifies each provider and each service. The participant and/or their representative and SC review this service plan prior to electronic approval. The participant and/or their representative will negotiate with their provider the rate at which they will be reimbursed for services rendered. There is a process for approval if the negotiated rate exceeds the State's established limits. The participant and/or representative is provided notice of their right to a fair hearing if the request for any reimbursement rate is denied, and follow the due process to request a hearing, if they so choose. The SC does not assist with managing benefits.

The participant and/or their representative may propose budget changes at any time, by either contacting the SC. By utilizing the electronic service plan, the overall impact of the change is calculated and the participant and/or their representative is able to make side by side comparisons of the proposed change. The service coordinator is then responsible for documenting the need for the change. The parameters of allowable waiver services are provided to each SC/CCS and available to each participant/family upon request. Paper submission and approval are available for participants who do not have internet access.

b. Participant - Budget Authority

- iv. Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

The individual is made aware their budget after the Objective Assessment Process (OAP) is complete. Each planning year starting at an individual family meeting to discuss the plans for next year's budget and how to adjust it to meet the individual's needs. The provider is made aware by the participant and/or representative and individual service plan and receipt of the service authorization that details the rate, frequency and duration of the services.

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b. Participant - Budget Authority

iv Participant Exercise of Budget Flexibility. *Select one:*

X Modifications to the participant directed budget must be preceded by a change in the service plan.

The participant has the authority to modify the services included in the participant directed budget without prior approval.

Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

If the modifications to the budget result in a change of providers or services type, the services plan must be changed. If the personal outcomes, supports or habilitation outlined in the service plan are changed, modifications must be made prior to implementation. The service coordinator makes changes, requested by the participant and/or representative, in the service plan if needed.

When changes to the schedule or services within a given service type the participant has the authority to direct the change without modification to the service plan. The participant directs re-allocation of funds between providers when there is change in the frequency of service delivery within a service type.

The participant or representative notifies the service coordinator of the decision to make changes in the budget. Updates to the participant-directed budget are completed by the SC. Providers will receive an updated service authorization.